2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# P98000004963

Entity Name: ASSURANCE HOME LOAN, INC.

Current Principal Place of Business:

1829 S HARBOR CITY BLVD
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

459 NIKOMAS WAY
MELBOURNE BEACH, FL 32951

New Mailing Address:

FEI Number: 65-0815585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SORGENFREI, DEANA A
459 NIKOMAS WAY
MELBOURNE BEACH, FL 32951 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: SORGENFREI, JOHN R
Address: 459 NIKOMAS WAY
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VSD ( ) Delete
Name: SORGENFREI, DEANA A
Address: 459 NIKOMAS WAY
City-St-Zip: MELBOURNE BEACH, FL 32951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN SORGENFREI PTD 04/28/2006

Electronic Signature of Signing Officer or Director Date